



Montgomery County, Maryland  
**MODERATELY PRICED  
DWELLING UNIT (MPDU) PROGRAM**

DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS  
1401 Rockville Pike, Fourth Floor • Rockville, Maryland 20852 • 240-777-0311  
TTY: 240-773-3556 • Website: [www.montgomerycountymd.gov/mpdu](http://www.montgomerycountymd.gov/mpdu)



## RENTER'S AGREEMENT

**Instructions:** Renters must complete Section 1 and affix their signature(s) and Social Security Number(s) in Section 4. Leasing Agent must complete Sections 2 and 3.

### 1. RENTER(S)

Name

Present Address

Name

Present Address (if different)

### 2. LEASING AGENT

Name

Name of Complex

2a. \$ \_\_\_\_\_  
Renter's Total Annual Household Income

2b. \_\_\_\_\_  
Renter's Total Household Size

### 3. MODERATELY PRICED DWELLING UNIT ADDRESS

Address

Type of Unit

Effective Date of Lease

Number of Bedrooms

Apartment Number

Rental Rate

4. I/We, the undersigned, as the renter(s) of the Moderately Priced Dwelling Unit (MPDU) identified above, do hereby certify that:

- I/we do not currently own or have not owned residential property within the last five (5) years.
- The MPDU is being rented as my/our primary place of residence. I/We are aware of and understand that Section 25A-8(a) of the Montgomery County Code, 2014, as amended, prohibits me/us from subleasing the property to another tenant unless otherwise permitted in writing by the Department of Housing and Community Affairs;
- The household size and total household income reported in Sections 2a and 2b above are correct and true; and
- On the anniversary date of lease signing, I/We understand that I/We will be required to recertify our income and household size to ensure that I/We are within the acceptable income limits for my/our household size. If my/our income(s) exceed the limits for MPDUs, I/We acknowledge that I/We must vacate the MPDU within 90 days of being notified that my/our income(s) exceed the MPDU limits.

SEAL \_\_\_\_\_  
Renter's Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
**REQUIRED**

SEAL \_\_\_\_\_  
Renter's Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
**REQUIRED**

*Leasing Agent - Please make a copy for your records and send the original to the MPDU Office.*  
S:\Files\recurring\Housing\MPDU\Forms\Rental Forms\renters\_agreement.docx